



***FARJAMI & FARJAMI LLP***  
AN INTELLECTUAL PROPERTY LAW FIRM

DEC 29 2004

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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** December 29, 2004

**To:** United States Patent and Trademark Office  
Examiner: Gurley, Lynne Ann; Art Unit: 2812

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 10/626,371**  
Filing Date: 7/23/2003; First Named Inventor: Lopatin  
Attorney Docket No.: 0180204D

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 16

**Message:**

Enclosed please find the Amendment and Response to the Non-Final Office Action dated December 10, 2004 and four (4) Terminal Disclaimers. Payment for the Terminal Disclaimers Filing Fee in the total amount of \$520.00 is hereby enclosed on four sheets of Form PTO-2038.

Thank you.

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DEC 29 2004

Attorney Docket No.: 0180204D

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Lopatin, et al.SERIAL NO.: 10/626,371 FILED: 07/23/2003FOR: Semiconductor Device Having Copper Lines with Reduced Electromigration Using an Electroplated Interim Copper-Zinc Alloy Thin Film on a Copper Surface

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180204D

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Fee for four (4) enclosed terminal disclaimers: \$ 520.00
- ☒ Enclosed is the total fee of \$ 520.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

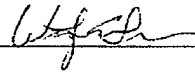
Date: 12/29/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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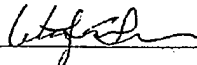
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Art Unit: 2812

Examiner: Gurley, Lynne Ann

**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated December 10, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks. Four (4) terminal disclaimers are also filed herewith.